

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016882

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 10 1962

Primary Registration District No.

1003

Registrar's No.

4463

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp.		d. STREET ADDRESS (If outside, give location) 5801a Wabada Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lowell K. Hirst		4. DATE OF DEATH Month Day Year 4 28 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-3-02
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Helper		9b. KIND OF BUSINESS OR INDUSTRY St. L. Water Div. St. Louis, Mo.	
10a. FATHER'S NAME John T. Hirst		10b. MOTHER'S MAIDEN NAME Martha (Unknown)	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. NAME OF HUSBAND OR WIFE Dorothy J. Hirst	
13. SOCIAL SECURITY NO.		14. INFORMANT Address Mrs. Dorothy J. Hirst, Wabada	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr 9 yrs 9 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 3, 1953 to April 28, 1962 and last saw him alive on April 2, 1962 Death occurred at 6 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles C. M. Olden		22b. ADDRESS 3121 N. Grand	
22c. DATE SIGNED April 2, 1962		22d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5-2-62	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. MAY 1 1962	
26. REGISTRAR'S SIGNATURE Loal Smith M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Charles Molden
3121 N. Grand
Je 5-6900
Hrs. Mon. 2-6
Tues. 10-12 & 2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert R. Thompson

Licensed Embalmer No.

4257

P. O. Address

H. Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.